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Medical

**COMMANDER-DIRECTED MENTAL HEALTH
EVALUATION (PA)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This Instruction explains the procedures and responsibilities for requesting and obtaining commander-directed mental health evaluations on active duty service members assigned to and serviced by MacDill Air Force Base. This Instruction is affected by the Privacy Act of 1974. Authority to collect and maintain records is authorized by Section 8012, 10 U.S.C. Each form created under this Instruction is covered by the blanket Privacy Act Statement, DD Form 2005.

SUMMARY OF REVISIONS

This revision incorporates the Limited Privilege Suicide Prevention (LPSP) Program, and updates references.

1. References:

- 1.1. Department of Defense Directive (DODD) 6490.1, Mental Health Evaluations (MHE) of the Armed Forces, 14 September 1993.
- 1.2. AFI 44-109, *Mental Health and Military Law*, 1 March 1997.

2. General Information: The commander-directed mental health evaluation is an evaluation of a service member initiated at the request of a commander. The request for such an evaluation is usually prompted by poor duty performance, unusual on or off duty behavior, or specific behaviors that are usually associated with emotional instability. It allows the psychiatrist/psychologist to rule out psychiatric disease as the cause of such undesirable behavior, and offers the patient an opportunity to receive appropriate medical treatment. **NOTE:** In an emergency situation when information or circumstances indicate the member is a danger to self or others or government property, refer members for mental health evaluation (MHE) without delay. Use only involuntary inpatient or emergency admissions when a MHE is not appropriate or reasonable on an outpatient basis. Only a psychiatrist, or another Mental Health Professional (MHP)

when a psychiatrist is not available, may admit a member of the Armed Forces for a MHE on an involuntary inpatient basis. Consult AFI 44-109 for additional guidance.

3. Commander-Directed Mental Health Procedures: All commanders will accomplish the member notification requirements outlined in DODD 6409.1 and AFI 44-109.

3.1. Commanders must consult with a MHP who concurs with the reasons for a commander-directed evaluation prior to the referral of any active duty member. The commander will be provided with a date and time for the evaluation upon receipt of MACD Form 5, **Commander-Directed Mental Health Evaluation** ([Attachment 1](#)), by the Mental Health Clinic.

3.2. Commanders will complete the MACD Form 5 to request MHE. The form must be completely accomplished by the requester and signed by the organizational commander. Related historical information must be completed in full. The completed document will indicate the specific reason for referral to ensure the MHP explores all areas under administrative, medical, and legal considerations. The MACD Form 5 must be forwarded to and received by the Mental Health Clinic in order for an appointment to be scheduled.

3.3. Unless the member to be evaluated is referred on an emergency basis, the member will be notified of the appointment and their legal rights concerning such an evaluation as outlined in AFI 44-109. See [Attachment 2](#) for a sample notification letter. A MHP will not interview the member unless a copy of the notification letter is provided.

3.4. A MHP will interview and evaluate the member as requested and provide the results of the evaluation to the commander, indicating the member's fitness and suitability for military duties, including any restrictions and/or recommendations. The individual's report of the evaluation will be accomplished promptly. Member will be briefed on the results of the evaluation by the MHP.

4. Limited Privilege Suicide Prevention (LPSP) Program.

4.1. Program Objective: The objective of the LPSP program is to identify and treat those members who, because of the stress of impending disciplinary action under the Uniform Code of Military Justice (UCMJ), pose a genuine risk of suicide. In order to encourage and facilitate treatment, the LPSP program provides limited confidentiality under the enumerated circumstances.

4.2. Application: The LPSP program applies to any member who has been notified of his or her commander's intent to impose punishment pursuant to Article 15, UCMJ, or has had court-martial charges preferred against them pursuant to Article 30, UCMJ (R.C.M. 307).

4.3. Initiation: If, subsequent to one of the events listed in paragraph [4.2.](#), defense counsel, trial counsel, law enforcement official, staff judge advocate, first sergeant, squadron executive officer, or any other individual officially involved in the processing of the disciplinary action has a good faith belief that the member may present a risk of suicide, the individual shall communicate that concern to the member's immediate commander with a recommendation that the member be referred for a mental health evaluation and possible placement in the LPSP program.

4.3.1. Based on the provided information or relevant information from other sources, and after consultation with the MHP, the commander may refer the member for a mental health evaluation in which case the provisions of paragraph [3.](#) apply.

4.3.2. The MHP will evaluate the member to determine if the member poses a risk of suicide and, if so, initiate treatment.

4.4. Duration: The limited protections provided by the LPSP program shall apply only so long as the MHP determines that there is a continuing risk of suicide. The MHP shall notify the member's immediate commander when, in his or her professional opinion, the member no longer poses a risk of suicide and shall appropriately annotate the member's medical records. The limited protections afforded by the LPSP program cease at that time.

4.5. Limited Protection: Members enrolled in the LPSP program are granted limited protection with regard to information revealed in, or generated by their clinical relationship with MHPs. Such information may not be used in the existing or any future UCMJ action or when weighing characterization of service in a separation.

4.6. Commanders or persons acting under their authority, such as staff judge advocates, squadron executive officers, or first sergeants, may use the information for any other purposes authorized by law or Air Force instructions and programs.

4.7. The limited protection provided by the LPSP does not apply to:

4.7.1. The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which evidence generated by and during the LPSP relationship has first been introduced by the member.

4.7.2. Disciplinary or other action based on independently derived evidence (other than from the LPSP relationship).

4.7.3. Any information or evidence acquired or created by MHPs or other medical providers before placement in the LPSP program or subsequent to release from the program, except for those medical summaries or other similar documents created after release from the program but which pertain to treatment while in the LPSP.

5. Responsibilities: Agencies will safeguard the mental health evaluation documents as prescribed in AFI 41-210 and AFI 37-132. Release of information is determined in accordance with AFI 37-132 and AFI 41-210.

6. Form Prescribed: MACD Form 5.

JAMES N. SOLIGAN, Brig Gen, USAF
Commander

Attachment 1

COMMANDER DIRECTED MENTAL HEALTH EVALUATION

COMMANDER DIRECTED MENTAL HEALTH EVALUATION (THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - USE BLANKET PAS - DD 2005)			
TO: 6 MDOS/SGOH MENTAL HEALTH		FROM:	
NAME: (LAST, FIRST, MI.)		GRADE:	DATE:
		SSAN:	
PRP/FLYING STATUS?	LENGTH OF SERVICES:		LENGTH OF TIME IN ORGANIZATION:
YES/NO	YEARS MONTHS	YEARS MONTHS	
DUTIES OR STATUS IN ORGANIZATION:		ENLISTMENT DATE:	
NAME OF PERSON INITIATING REQUEST:		ORGANIZATION:	DUTY PHONE:
DESCRIBE THE BEHAVIORS LEADING TO REFERRAL (GIVE AS MUCH DETAIL AS POSSIBLE):			
LIST COMPLETE HISTORY OF COUNSELING & DISCIPLINARY ACTIONS(Include steps taken & dates):			
NOTE CURRENT JOB PERFORMANCE:			
NOTE INTERACTION WITH SUBORDINATES/PEERS/SUPERVISORS/SUPERIORS:			
WHAT PROFESSIONAL ASSISTANCE CAN WE OFFER IN THE EVALUATION:			
WERE THE STANDARDS SET FORTH IN DOD DIRECTIVE 6409.1 & AFI 44-109 (or service equivalent) COMPLIED WITH BY THE COMMANDER?			
YES / NO			
TYPE NAME, GRADE & DUTY PH OF COMMANDER		SIGNATURE OF COMMANDER:	

Attachment 2

SAMPLE NOTIFICATION LETTER

**DEPARTMENT OF THE AIR FORCE
6TH AIR REFUELING WING (AMC)
MACDILL AIR FORCE BASE, FLORIDA**

Date: _____

MEMORANDUM FOR _____, SSN _____
Squadron _____

FROM: _____/CC

SUBJECT: Commander Directed Nonemergency Outpatient Mental Health Evaluation

1. I am referring you for a non-emergency outpatient mental health evaluation to determine your fitness for duty. Your evaluation will be at _____ hours on _____ in building _____.
2. You are being referred based on the following conduct which causes me to question your fitness for duty:

3. Prior to making this referral, I contacted the following Mental Health Professional (MHP) regarding the referral: _____.
4. Pursuant to AFI 44-109, paragraph 1.2., you have the right to:
 - a. Consult USAF Judiciary Area Defense Counsel, Hanger 4, DSN 968-4455, concerning redress for a violation of AFI 44-109.
 - b. Complain to an Air Force Inspector General (IG) (6th Air Refueling Wing/IG, 828-4444), or to the DOD Inspector General, that the referral was made in violation of this Instruction. See AFI 90-301, Inspector General Complaints Program. A complaint will not require a delay of the mental health evaluation.

- c. Request an additional mental health evaluation by a MHP of your choosing if the mental health evaluation is reasonably available. If the MHP is not a member or an employee of the DOD, you must pay for the evaluation. Your request for an additional mental health evaluation will not require a delay to the original mental health evaluation.
 - d. Make lawful communications to an Inspector General, attorney, chaplain, member of Congress, or other authority about the mental health evaluation referral.
 - e. A two (2) workday waiting period from the time of notice until the time of the mental health evaluation.
 - f. Treatment, if committed for hospitalization, which is the most appropriate and therapeutic available, in a setting no more restrictive than it must be for effective treatment.
5. Copies of DODD 6490.1 and AFI 44-109 are available for review in the base publications library.

Commander

1st Ind, _____

MORANDUM FOR _____

I received notice of my referral for a non-emergency outpatient mental health evaluation scheduled for _____(hours) on _____(date) at _____(location of mental health evaluation) at _____(hours) on _____(date).